

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	na		2/12/03
FORMALITY REVIEW	BZ	897	02-23-04
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/12/02
2	✓	✓	2/12/02
3	✓	✓	2/12/02
4	✓	✓	2/12/02
5	✓	✓	2/12/02
6	✓	✓	2/12/02
7	✓	✓	2/12/02
8	✓	✓	2/12/02
9	✓	✓	2/12/02
10	✓	✓	2/12/02
11	✓	✓	2/12/02
12	✓	✓	2/12/02
13	✓	✓	2/12/02
14	✓	✓	2/12/02
15	✓	✓	2/12/02
16	✓	✓	2/12/02
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25	✓	✓	2/12/02
26	✓	✓	2/12/02
27	✓	✓	2/12/02
28	✓	✓	2/12/02
29	✓	✓	2/12/02
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46	✓	✓	2/12/02
47	✓	✓	2/12/02
48	✓	✓	2/12/02
49	✓	✓	2/12/02
50	✓	✓	2/12/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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